



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

HOUSTON HOSPITAL
FOR SPECIALIZED SURGERY

Respondent Name

TRAVELERS INDEMNITY CO

MFDR Tracking Number

M4-15-0076-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

September 08, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "For services received at Houston Hospital for Specialized Surgery on 05/28/2013, we have billed your employers work compensation insurance plan Traveler's Indemnity Company; however, we have received a denial of coverage.

The services were denied due to Traveler's Indemnity Company deeming the services provided were not filed for payment compensation with the insurance company in a timely manner.

Never the less, we are appealing the denial on your behalf as services provide were filed within a timely manner. The appeal we will be filing will consist of a Letter of Appeal that presents a general argument that the claim for services provided were filed with the insurance company within a timely manner therefore should be covered under the worker compensation insurance plans benefits."

Amount in Dispute: \$7,259.18

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "THIS REQUEST FOR MEDICAL FEE DISPUTE RESOLUTION SHOULD BE DISMISSED AS NOT TIMELY FIELD AS THE PROVIDER FAILED TO FILE THE REQUEST WITHIN ONE YEAR OF THE DATE OF SERVICE ... Furthermore, this Request for Medical Fee Dispute Resolution was not timely filed with the Division of Workers Compensation and should be dismissed. The date of service at issue is 05-28-2013. Pursuant to Rule 133.307(c), the Request for Medical Fee Dispute Resolution has to be filed with the Division no later than 05-28-2014 as there was not dispute as to compensability or extent of injury. As documented by the Division's date stamp, the Request was received on 09-08-2014 or 103 days late. As such, this Request for Medical Fee Dispute Resolution should be dismissed in accordance with Rule 133.307(f)(3)(D)."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|-----------------------------|-------------------|------------|
| May 28, 2013 | Outpatient Hospital Service | \$ 7,259.18 | \$0.00 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - W3 – no reason given
 - CVTY – The charges have been priced in accordance to a coventy owned contract
 - 937 – Services not timely filed by the provider

Issue

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the services in dispute is May 28, 2013. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on September 08, 2014. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

2/27/15

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.